

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>215500850</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>CONSUMER CREDIT COUNSELING SERVICE OF ROCHESTER, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET  RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>NY</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>1/31/2015</b></p> <p>SCC ID NO: <b>F1846890</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">CLASS</td> <td style="width: 50%; padding: 2px;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1000 UNIVERSITY AVE STE 900</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ROCHESTER, NY 14607-1286</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: STEVE PHILLIPS  TITLE: PRESIDENT  ADDRESS: 1282 LONG POND RD  CITY/ST/ZIP/CO: ROCHESTER, NY 14626 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: STEVE PHILLIPS TITLE: PRESIDENT ADDRESS: 1282 LONG POND RD CITY/ST/ZIP/CO: ROCHESTER, NY 14626	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: STEVE PHILLIPS TITLE: PRESIDENT ADDRESS: 1282 LONG POND RD CITY/ST/ZIP/CO: ROCHESTER, NY 14626	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: EDWARD SARESKY  TITLE: VICE PRESIDENT  ADDRESS: 108 S UNION ST  CITY/ST/ZIP/CO: ROCHESTER, NY 14607 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: EDWARD SARESKY TITLE: VICE PRESIDENT ADDRESS: 108 S UNION ST CITY/ST/ZIP/CO: ROCHESTER, NY 14607	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: EDWARD SARESKY TITLE: VICE PRESIDENT ADDRESS: 108 S UNION ST CITY/ST/ZIP/CO: ROCHESTER, NY 14607	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: TERRY ALLENBRANDT  TITLE: TREASURER  ADDRESS: 10 BENTON PL  CITY/ST/ZIP/CO: SODUS, NY 14551 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: TERRY ALLENBRANDT TITLE: TREASURER ADDRESS: 10 BENTON PL CITY/ST/ZIP/CO: SODUS, NY 14551	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TERRY ALLENBRANDT TITLE: TREASURER ADDRESS: 10 BENTON PL CITY/ST/ZIP/CO: SODUS, NY 14551	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: FRANKLYN REYNOLDS  TITLE: SECRETARY  ADDRESS: 89 EAST AVE  CITY/ST/ZIP/CO: ROCHESTER, NY 14604 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: FRANKLYN REYNOLDS TITLE: SECRETARY ADDRESS: 89 EAST AVE CITY/ST/ZIP/CO: ROCHESTER, NY 14604	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: FRANKLYN REYNOLDS TITLE: SECRETARY ADDRESS: 89 EAST AVE CITY/ST/ZIP/CO: ROCHESTER, NY 14604	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JASON TRACY  TITLE: CEO  ADDRESS: 1000 UNIVERSITY AVENUE  CITY/ST/ZIP/CO: SUITE 900 ROCHESTER, NY 14607 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JASON TRACY TITLE: CEO ADDRESS: 1000 UNIVERSITY AVENUE CITY/ST/ZIP/CO: SUITE 900 ROCHESTER, NY 14607	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JASON TRACY TITLE: CEO ADDRESS: 1000 UNIVERSITY AVENUE CITY/ST/ZIP/CO: SUITE 900 ROCHESTER, NY 14607	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	DON ADAIR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	290 LINDEN OAKS		
CITY/ST/ZIP/CO:	SUITE 220 ROCHESTER, NY 14625		
NAME:	AMELIA BLAKE-DOWDLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3300 DEWEY AVE		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14616		
NAME:	ROSILAND BROOKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	69 LYCEUM STREET		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14619		
NAME:	LOMAX CAMPBELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	125 TECH PARK DRIVE		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14623		
NAME:	JACK CHRISTNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	225 CHESTNUT STREET		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14604		
NAME:	STEVE LASALLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 COURT STREET		
CITY/ST/ZIP/CO:	5TH FLOOR ROCHESTER, NY 14647		
NAME:	LYNETTE LOOMIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2 SURREY HILL LANE		
CITY/ST/ZIP/CO:	PITTSFORD, NY 14534		
NAME:	PHILLIP TYLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	205 VAN VOORHIS ROAD		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14534		
NAME:	ANDREW VERGO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	246 PARKVIEW DRIVE		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14625		
NAME:	STEVE YOUNG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	764 CROSS KEYS OFFICE PARK		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14450		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JASON TRACY	JASON TRACY, CEO	12/16/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.